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2004/021

FEE TRANSMITTAL

QUALLION LEGAL

OCT 0 3 2007

Attorney Docket No.	Q178-US1
First Named Inventor:	SKINLO, David et al.
Application Number	10/697,537
Filing Date:	October 29, 2003
Examiner Name:	Alix Elizabeth Echelmeyer
Group/Art Unit:	1745

\$ 60.00
The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:
Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC
X. Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17
2. X Payment Enclosed: Check Money Order X: Other - Credit Card

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations	
Basic Filing Fee	xx	xx	\$300.00	\$150,00	\$.00	
Total Claims	38 - 53=	0	x \$50.00	X \$25.00	\$.00	
Independent Claims	4 - 7=	0.	X \$200.00	X \$100.00	\$.00	
Multiple Dependent Claim(s) (if applicable) \$360.00 \$180.00					\$.00	
	Total of above Calculations					

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$200.00	\$100.00	\$.00
Reissue filing fee	\$300.00	\$150.00	\$.00
Provisional filing fee	\$200.00	\$100.00	\$.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
One Month Extension of Time	S	\$60.00	\$60.00
	S	S	5
	\$	S	S
,	S	S	5
	· · · · · · · · · · · · · · · · · · ·	TOTAL	\$60.00

Name (print/type)	TRAVIS L. DODD	Registration N (Attorney/Ago		42,491
Signature		Date	10/3/2	007

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Attorney Docket No.	Q178-USI	
First Named Inventor:	SKINLO, David et al.	
Application Number	10/697,537	
Filing Date:	October 29, 2003	
Examiner Name:	Alix Elizabeth Echelmeyer	
Group/Art Unit:	1745	

TOTAL AMOUNT OF PAYMENT:	\$ 60.00
METHOD OF PAYMENT (check One)	1. X The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:
	Deposit Account No.: 50-0921 Deposit Account Name: Qualhon LLC
	X. Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17
	2. X Payment Enclosed: Check Money Order X Other - Credit Card

2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	xx	XX	\$300.00	\$150.00	\$.00
Total Claims	38 - 53=	0	X \$50.00	X \$25.00	\$.00
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Multiple Dependent Claim(s) (if applicable) \$360.00 \$180.00					\$.00
Total of above Calculations =					\$.00

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Provisional filing fee	\$200.00	\$100.00	\$.00	
	Total of above Calculations =			

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
One Month Extension of Time	S	\$60.00	\$60.00
	S	S	S
	S	\$	S
	\$	\$	S
		TOTAL	: \$60.00

Name (print/type)	TRAVIS L. DODD	Registration N (Attorney/Age		42,491
Signature		Date	10/3/20	007